

**DISSOLUTION OF MARRIAGE
REPORT**

JD-FM-181 Rev. 7/2001
P.B. § 25-58

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us

INSTRUCTIONS

1. To be completed by the Attorney for the Plaintiff or, if Pro Se, by the Plaintiff.
2. Clerk to complete section 2.

PART 1 (To be completed by Attorney for the Plaintiff)

HUSBAND	NAME OF HUSBAND (<i>First, middle, last</i>)				
	USUAL RESIDENCE (<i>Number and street</i>)		CITY OR TOWN		
WIFE	COUNTY	STATE	BIRTHPLACE (<i>State or Foreign Country</i>)	DATE OF BIRTH (<i>Mo., Day, Year</i>)	
	NAME OF WIFE (<i>First, middle, last</i>)		MAIDEN NAME (<i>Last name only</i>)		
MARITAL HISTORY	USUAL RESIDENCE (<i>Number and street</i>)		CITY OR TOWN		
	COUNTY	STATE	BIRTHPLACE (<i>State or Foreign Country</i>)	DATE OF BIRTH (<i>Mo., Day, Year</i>)	
	PLACE OF THIS MARRIAGE (<i>City</i>)		COUNTY	STATE	
	DATE OF MARRIAGE (<i>Mo., Day, Year</i>)			APPROXIMATE DATE COUPLE SEPARATED (<i>Month, Year</i>)	
	NUMBER OF CHILDREN BORN ALIVE OF THIS MARRIAGE		NUMBER OF CHILDREN STILL LIVING	NUMBER OF CHILDREN UNDER 18 YEARS OF AGE	
	PLAINTIFF	CSSD FAMILY SERVICES EVALUATION		CSSD FAMILY SERVICES MEDIATION	
	<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PUBLIC ASSISTANCE RECIPIENT			AMOUNT OF ASSISTANCE MONTHLY		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
ATTORNEY FOR MINOR CHILD(REN)			GUARDIAN AD LITEM FOR MINOR CHILD(REN)		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
ATTORNEY FOR PLAINTIFF (IF APPLICABLE) (<i>Name</i>)			ATTORNEY'S ADDRESS (IF APPLICABLE) (<i>No., street, city, state, zip code</i>)		

INFORMATION FOR STATISTICAL PURPOSES ONLY: (To be completed by Attorney for the Plaintiff or, if Pro Se, by the Plaintiff)

RACE (White, Black, Native American, etc., specify)	NO. OF THIS MARRIAGE (<i>First, Second, etc. specify</i>)	IF PREVIOUSLY MARRIED, HOW MANY ENDED BY		EDUCATION - SPECIFY HIGHEST GRADE COMPLETED		
		DEATH	DIVORCE OR ANNULMENT	ELEMENTARY (0,1,2,3, thru 8)	HIGH SCHOOL (1,2,3, or 4)	COLLEGE (1,2,3, 4 or 5+)
HUSBAND	FOR HUSBAND	FOR HUSBAND	FOR HUSBAND	HUSBAND	HUSBAND	HUSBAND
WIFE	FOR WIFE	FOR WIFE	FOR WIFE	WIFE	WIFE	WIFE

PART 2 (To be completed by the Clerk of Superior Court)

DECREE	DATE OF DECREE (<i>Mo., Day, Year</i>)	TYPE OF DECREE	DATE WRIT RETURNABLE (<i>Month, Year</i>)	
	<input type="checkbox"/> ABSOLUTE DIVORCE <input type="checkbox"/> ANNULMENT			
COUNTY OF DECREE		DOCKET NO. FA	LEGAL GROUNDS FOR DISSOLUTION (<i>Specify</i>)	
CASE CONTESTED	CUSTODY OF MINOR CHILDREN TO			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE	<input type="checkbox"/> JOINT	<input type="checkbox"/> NOT APPLICABLE	
DECREE GRANTED TO	TITLE OF OFFICIAL			SIGNED (<i>Clerk or Assistant Clerk</i>)
<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE				